

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	18/07/2020 16:06
Date Of Accident	18/07/2020 12:20
Exact Location Of Accident	LORONG 6 TOA PAYAOH EXIT TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE5040G
Insured/Policyholder	
Name Of Registered Owner	HO JUN FENG JONATHAN
NRIC No	SXXXX399I
Email Address	ASHLEYTEO.HT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92297600
Alternative Phone No	OTHERS-81831963

Vehicle Particulars

Manufacturer	HONDA
Model	FIT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116411007
Cover Note Number	

Driver

Name of Driver	TEO HUI JUAN
NRIC No	SXXXX693B
Date Of Birth	06/10/1989
Occupation	INDOOR
Date Of Driving Pass	17/07/2002
Driving Experience	18 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92297600
Fax Number	
Contact Number	OTHERS-81831963
Email Address	ASHLEYTEO.HT@GMAIL.COM

Address	BLK 79A TOA PAYOH CENTRAL #04-05
Postcode	311079
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS5095A
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG TIONG SOON (WANG ZHONGSHUN)
NRIC/Passport Number	SXXXX191J
Contact Number	97341272
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TEO HUI JUAN
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT (PREGNANT)

SJE5040G

YES

NO

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "**Purposes**").
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

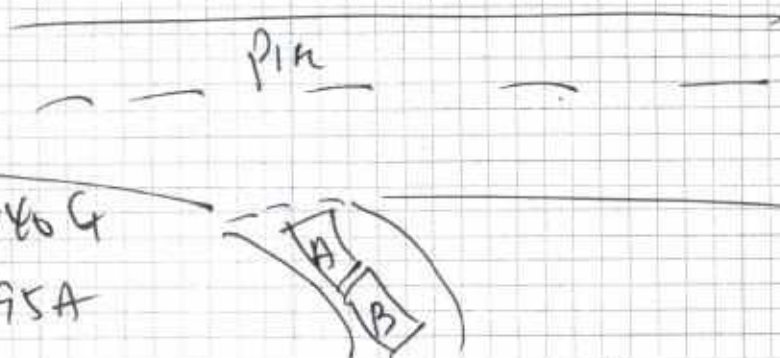
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Loc 6 Toa Payoh Sup Road Towards Pike



A) SJS 5046 G

B) SJS 5095A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Loc 6 Toa Payoh

On 18/07/2020 at about 12:20 hrs I was stopping at the junction with at the Loc 6 Toa Payoh Towards Pike suddenly I felt a bang from the rear a car SJS 5095A hit the back of my car

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

18 July 2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 18/07/2020 (DD/MM/YYYY), TIME: 12:20 (HH:MM)

LOCATION: LOT 6 TOA PAYOH EXIT TOWARDS AH.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJE 5040 G
 b) INSURANCE COMPANY: AMUL
 c) POLICY NUMBER: 0
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda Fit
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: HO JUN FRANK JONATHAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8937395 I CONTACT: 92297600
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: THO HUI TUON (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8934693 B CONTACT: 8837963
 c) ADDRESS: _____

*d) DATE OF BIRTH: 06/10/1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJS 5095A MODEL: Honda Fit
 b) DRIVER'S NAME: ONE TIONG SOON (WANG TIONG SHUN)
 c) NRIC/FIN/PASSPORT: S736191 J CONTACT: 97431272

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No. of passengers
 (including driver)
(1)

* No. of passengers
 (including driver)
()

* No. of passengers
 (including driver)
()

Email = ASHLEY760.HJ@gmail.com

fax = _____

video = _____

Claim Handling

Accident MT/1087285

Policy No.	5116411007	Vehicle No.	SIE5040G	GST Registration No.	
Certificate No.					
Policyholder Name	HO JUN FENG JONATHAN			Policyholder NRIC	S88173991
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	License	0
Contact No. (Mobile)	92247000	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
WCD Protection	No	WCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	20/07/2020 09:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/07/2020	Time of Accident (hh:mm)	12:20	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	LORONG 6 TDA PAYOH EXIT TOWARDS PIE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	150.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YED OD Excess	100.00	YED TP Excess	0.00		
Additional Excess	1500				
Total OD Excess Applicable	2600.00	Total TP Excess Applicable	0.00		

Benefits

Coverage		Burn Inured	9999999.99		
Transport Allowance					

GST Registered Information

GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					

Policyholder Mailing Address

Address 1	BLK 794 #04-05	Address 2	TDA PAYOH CENTRAL	Address 3	CENTRAL HORIZON
Address 4	SINGAPORE 311079	Address Type	Singapore address	Post Code	311079
Unit No.	04-05	Related Policy Number	5116411007		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	06/10/1989
Unnamed driver Name	TED HUI XIAN	Driver NRIC	349346930	Driving Experience	5
Register Date of Driver License	13/11/2014	Driver Age	30	Contact No. (Office)	
Contact No. (Mobile)	81831963	Contact No. (Home)		Contact No. (Home)	
Address 1	BLK 75A #04-05	Address 2	TDA PAYOH CENTRAL	Address 3	CENTRAL HORIZON
Address 4	SINGAPORE 311079	Address Type	Foreign address	Post Code	311079
Unit No.	04-05				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.	SIE5040G	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes <input type="radio"/> No <input type="radio"/>		
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Modification History

Claim 001

New

Claim Type *	OD-MX	Inured Name	HO JUN FENG JONATHAN	Inured NRIC	S88173991
Contact No. (Mobile)	92247000	Contact No. (Home)		Contact No. (Office)	
Email Address		OT Vehicle Number	SIE5040G	TP Vehicle Number	SIE5040G
Claim Description	SIE5040G / SIE5040G ON 18 Jul 2020				
Preferred Workshop		Inured Liability	Not at Fault	Name of Preferred Workshop	
Repair Option	<input type="radio"/> Yes <input type="radio"/> No	Preferred Workshop, Name unknown			
Date Registered		GIA report	Received	Claim Close Date	20/07/2020 10:00
Report Taken By				Date Received	20/07/2020 00

Print All letter

Save Submit

Attachment

Accident No.	MT/1087285	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/07/2020 10:01		

















Path *

Choose File	No file chosen	Clear	Please Select	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (00)
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Send Rec

	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jul 2020 10:01	Photos		Normal	Photos 2020-7-20
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jul 2020 10:01	Photos		Normal	Photos 2020-7-20
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jul 2020 10:01	Photos		Normal	Photos 2020-7-20
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jul 2020 10:01	Photos		Normal	Photos 2020-7-20
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jul 2020 10:00	Photos		Normal	Photos 2020-7-20
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jul 2020 10:00	Photos		Normal	Photos 2020-7-20
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jul 2020 10:00	Photos		Normal	Photos 2020-7-20
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	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jul 2020 10:00	Photos		Normal	Photos 2020-7-20
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jul 2020 10:00	Photos		Normal	Photos 2020-7-20
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jul 2020 10:00	Photos		Normal	Photos 2020-7-20
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jul 2020 10:00	Photos		Normal	Photos 2020-7-20
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jul 2020 10:00	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-20
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jul 2020 10:00	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-20
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jul 2020 10:00	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-20
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jul 2020 10:00	SAS		Normal	SAS 2020-7-20

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window Scan and uploading	

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="18/07/2020 16:05"/>
Vehicle No. (For Motor)	<input type="text" value="SJE5040G"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5116411007		HO JUN FENG JONATHAN	S89373991	GPC	drive CLASSIC	SJE5040G	SJE5040G	28/04/2020	27/04/2021